



DCP Operating Company, LP  
3026 4<sup>th</sup> Avenue  
Greeley, CO 80631  
970-356-9700

RECEIVED

NOV 2 - 2018

Office of Enforcement, Compliance  
and Environmental Justice

October 29, 2018

Air Permit Division  
U. S. EPA, Region VIII  
1595 Wynkoop Street  
Denver, CO 80202

**UPS Tracking # 1Z 811 254 A2 9828 7408**

Subject: DCP Operating Company, LP  
NSPS OOOOa Annual Report: 70 Ranch, Bernhardt, Godfrey Bottoms, Longhorn, SLW  
and Trout Compressor Stations  
Reporting Period: August 2017- August 2018

To Whom It May Concern,

On behalf of DCP Operating Company LP, I am submitting this annual report for New Source of Performance for Crude Oil and Natural Gas Facilities for which construction, modification, or reconstruction commenced after September 18, 2015. This cover letter and attachments meet the requirements of 40 CFR 60.5420a (b)(1) and (b)(7)(i) through (xii).

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in the attached documents are true, accurate, and complete.

Please contact Quentin Mendenhall by phone at 970-378-6385 or by email at [qmendenhall@dcpmidstream.com](mailto:qmendenhall@dcpmidstream.com) if you have any questions.

Sincerely,

(b) (6)

Patricia Grajeda de Babb  
DCP Operating Company, LP

Cc: CDPHE  
4300 Cherry Creek Drive South  
Glendale, CO 80246

**UPS Tracking # 1Z 811 254 A2 9645 0814**



**Attachments**



40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual R  
For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

SITE INFORMATION

Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (\$60.5420a(b)(1)(i))	Address of Affected Facility * (\$60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221	
1	DCP Operating Compan	70's Ranch	N/A	31005 WCR 388		Kersey	Weld	CO	80644	



eport

ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (§60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456 From Kersey HWY 34 & WCR 53,	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addInfo.zip or XYZCompressorStation .pdf
	(b) (9)		3/7/2018	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(ii))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds
1	70's Ranch	4/2/2018	13:00	13:45	Elizabeth Wilson	54°F	Cloudy
1	70's Ranch	4/4/2018	13:30	14:30	Elizabeth Wilson	70°F	Cloudy
1	70's Ranch	4/2/2018	13:00	13:45	Elizabeth Wilson	54°F	Cloudy
1	70's Ranch	7/25/2018	11:00	12:05	Elizabeth Wilson	82°F	Clear
1	70's Ranch	7/25/2018	11:00	12:05	Elizabeth Wilson	82°F	Clear



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))
e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
5 MPH	FLIR GF320	None	Valve Cap		1 Valve Cap	1
5 MPH	FLIR GF320	Initial inspection only	Valve Cap		1 Valve Cap	1
5 MPH	FLIR GF320	None	Piping Vent		1	
10 MPH	FLIR GF320	None	Other - Distance Piece		1	
10 MPH	FLIR GF320	None	Valve Cap		3 Valve Cap	3



Type of Difficult-to-Monitor Components Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Difficult-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Type of Unsafe-to-Monitor Component Monitored * (\$60.5420a(b)(7)(ix))	Number of Each Unsafe-to-Monitor Component Type Monitored * (\$60.5420a(b)(7)(ix))	Date of Successful Repair of Fugitive Emissions Component * (\$60.5420a(b)(7)(x))	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))
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e.g.: Valve

e.g.: 1

e.g.:Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1

4/19/2018 Valve Cap

1

4/19/2018 Valve Cap

1

4/4/2018

7/31/2018

7/31/2018

3



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (§60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (§60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (§60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (§60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (§60.5420a(b)(7))
e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
Unsafe to repair until next FLIR GF320		Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next FLIR GF320		Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next FLIR GF320		Trained Thermographer; completed 24-hour ITC Infrared The No		



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	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221	
1	DCP Operating Compan	Bernhardt	N/A	24834 WCR 25		Miliken	Weld	CO	80543	



ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456 From Greeley on HWY 34 go We	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addlinfo.zip or XYZCompressorStation .pdf
	(b) (9)		8/2/2017	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(iii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))
e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	
1 Bernhardt		9/20/2017	9:45	11:30	(b) (6)	60°F	Clear
1 Bernhardt		9/20/2017	9:45	11:30	(b) (6)	60°F	Clear
1 Bernhardt		9/20/2017	9:45	11:30	(b) (6)	60°F	Clear
1 Bernhardt		9/20/2017	9:45	11:30	(b) (6)	60°F	Clear
1 Bernhardt		12/6/2017	8:00	10:00	(b) (6)	32°F	Clear
1 Bernhardt		12/6/2017	8:00	10:00	(b) (6)	32°F	Clear
1 Bernhardt		12/6/2017	8:00	10:00	(b) (6)	32°F	Clear
1 Bernhardt		12/6/2017	8:00	10:00	(b) (6)	32°F	Clear
1 Bernhardt		12/6/2017	8:00	10:00	(b) (6)	32°F	Clear
1 Bernhardt		3/8/2018	10:30	11:30	(b) (6)	52°F	Clear
1 Bernhardt		6/19/2018	9:45	11:00	(b) (6)	64°F	Cloudy
1 Bernhardt		6/19/2018	9:45	11:00	(b) (6)	64°F	Cloudy
1 Bernhardt		6/19/2018	9:45	11:00	(b) (6)	64°F	Cloudy
1 Bernhardt		6/19/2018	9:45	11:00	(b) (6)	64°F	Cloudy



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Maximum Wind Speed During Survey * (§60.5420a(b)(7)(iv))	Monitoring Instrument Used * (§60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (§60.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (§60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (§60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (§60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (§60.5420a(b)(7)(viii))
e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
2 MPH	FLIR GF320	None	Flange		1	
2 MPH	FLIR GF320	None	Valve		1 Valve	1
2 MPH	FLIR GF320	None	Other - Fitting		1 Other - Fitting	1
2 MPH	FLIR GF320	None	Valve Cap		2 Valve Cap	2
9 MPH	FLIR GF320	None	Other - Connection		1	
9 MPH	FLIR GF320	None	Other - Bolt Threads		1	
9 MPH	FLIR GF320	None	Other - Plate		1	
9 MPH	FLIR GF320	None	Connector		1	
9 MPH	FLIR GF320	None	Valve Cap		1 Valve Cap	1
5 MPH	FLIR GF320	None	Flange		1 Flange	1
5 MPH	FLIR GF320	None	Flange		1 Flange	1
5 MPH	FLIR GF320	None	Valve Cap		1 Valve Cap	1
5 MPH	FLIR GF320	None	Piping		1 Piping	1
5 MPH	FLIR GF320	None	Connector		1	



Type of Difficult-to-Monitor Components Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))
(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(x))		

e.g.: Valve

e.g.: 1

e.g.: Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1

10/4/2017		
11/15/2017	Valve	1
11/15/2017	Other - Fitting	1
10/4/2018	Valve Cap	2
12/15/2018		
12/15/2018		
12/15/2018		
12/15/2018		
12/15/2018	Valve Cap	1
5/9/2018	Flange	1
	Flange	1
6/25/2018	Valve Cap	1
	Piping	1
6/25/2018		



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
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	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Order Parts & Shutdown F	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		



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	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221	
1	DCP Operating Compan	Godfrey Bottoms	N/A	22699 WCR 33		LaSalle	Weld	CO	80645	



eport

ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456 From the intersection of County	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addInfo.zip or XYZCompressorStation .pdf
	(b) (9)		7/11/2018	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

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---	--	---	---	---	---	--	---

e.g.: Well Site ABC

e.g.: 8/13/17

e.g.: 10:00 am

e.g.: 1:00 pm

e.g.: John Smith

e.g.: 90°F

e.g.: Sunny, no clouds

- 1 \*Note - An LDAR Survey was not conducted during the reporting period. - therefore the 60 day monitoring deadline will be included in the next annual report.  
The compliance period for this booster station started on July 11, 2018 and ended on August 2, 2018  
- therefore the 60 day monitoring deadline will be included in the next annual report.



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

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e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1



Type of Difficult-to-Monitor Components Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair *	Number of Each Component Type Placed on Delay of Repair *
(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(x))	(§60.5420a(b)(7)(xi))	(§60.5420a(b)(7)(xi))

e.g.: Valve

e.g.: 1

e.g.: Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
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1	DCP Operating Compan	Longhorn	N/A	33270 WCR 68		Gill	Weld	CO	80624	



eport

ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (§60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addlinfo.zip or XYZCompressorStation .pdf
From Hwy 85 and Hwy 392 go e:	(b) (9)		8/2/2017	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))
e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	
1 Longhorn		8/17/2017	8:15	8:45	(b) (6)	64°F	Cloudy
1 Longhorn		11/28/2017	8:00	8:25		40°F	Cloudy
1 Longhorn		1/23/2018	8:00	8:30		34°F	Cloudy
1 Longhorn		4/19/2018	8:10	8:35		72°F	Clear
1 Longhorn		7/17/2018	8:00	8:35		82°F	Clear



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(viii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(ix))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(x))
e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
5 MPH	FLIR GF320	None	None		0 None	0
5 MPH	FLIR GF320	None	None		0 None	0
5 MPH	FLIR GF320	None	None		0 None	0
5 MPH	FLIR GF320	None	None		0 None	0
5 MPH	FLIR GF320	None	None		0 None	0



Type of Difficult-to-Monitor Components Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))
(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(x))		

e.g.: Valve

e.g.: 1

e.g.: Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1

N/A

None

0

N/A

None

0

N/A

None

0

N/A

None

0

N/A

None

0



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		



40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual R  
For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

SITE INFORMATION										
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (\$60.5420a(b)(1)(i))	Address of Affected Facility * (\$60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221	
1	DCP Operating Compan SLW	N/A	29990 WCR 62	Gill	Weld	CO	80624			



eport

ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456 From Kersey HWY 34 & WCR 53,	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addlinfo.zip or XYZCompressorStation .pdf
	(b) (9)		3/16/2018	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up )	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))
e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	
1 SLW	4/2/2018	11:45	13:00	(b) (6)	59°F	Cloudy	
1 SLW	4/2/2018	11:45	13:00		59°F	Cloudy	
1 SLW	4/2/2018	11:45	13:00		59°F	Cloudy	
1 SLW	7/25/2018	9:00	10:30		68°F	Clear	
1 SLW	7/25/2018	9:00	10:30		68°F	Clear	



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))
e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
5 MPH	FLIR GF320	None	Flange		1 Flange	1
5 MPH	FLIR GF320	None	Valve Cap		2 Valve Cap	2
5 MPH	FLIR GF320	None	Other - Plug		1	
10 MPH	FLIR GF320	None	Valve Cap		3 Valve Cap	3
10 MPH	FLIR GF320	None	Other - Woven Piping		1	



Type of Difficult-to-Monitor Components Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (\$60.5420a(b)(7)(xi))
(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(ix))	(\$60.5420a(b)(7)(x))		

e.g.: Valve

e.g.: 1

e.g.: Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1

3/30/2018 Flange	1
4/19/2018 Valve Cap	2
4/19/2018	
7/31/2018 Valve Cap	3
7/31/2018	



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		



40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual R  
For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (\*) next to each field indicates that the corresponding field is required.

SITE INFORMATION									
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (\$60.5420a(b)(1)(i))	Address of Affected Facility * (\$60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *  Responsible Agency Facility ID (State Facility Identifier)
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221
1	DCP Operating Compan	Troudt	N/A	15372 WCR 66		Greeley	Weld	CO	80631



ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456 From Lucerne HWY 85 & WCR 61	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addinfo.zip or XYZCompressorStation .pdf
	(b) (9)		8/2/2017	8/2/2018			



For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an

The asterisk (\*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (\$60.5420a(b)(1))	Date of Survey * (\$60.5420a(b)(7)(i))	Survey Begin Time * (\$60.5420a(b)(7)(ii))	Survey End Time * (\$60.5420a(b)(7)(ii))	Name of Surveyor * (\$60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (\$60.5420a(b)(7)(iv))	Sky Conditions During Survey * (\$60.5420a(b)(7)(iv))
--	--	---	---	---	---	--	---

e.g.: Well Site ABC    e.g.: 8/13/17    e.g.: 10:00 am    e.g.: 1:00 pm    e.g.: John Smith    e.g.: 90°F    e.g.: Sunny, no clouds

1 Troudt	9/20/2017	7:00	9:00	(b) (6)	75°F	Clear
1 Troudt	9/20/2017	7:00	9:00	(b) (6)	75°F	Clear
1 Troudt	11/28/2017	8:15	9:30	(b) (6)	37°F	Cloudy
1 Troudt	11/28/2017	8:15	9:30	(b) (6)	37°F	Cloudy
1 Troudt	3/8/2018	8:15	10:00	(b) (6)	32°F	Clear
1 Troudt	3/8/2018	8:15	10:00	(b) (6)	32°F	Clear
1 Troudt	6/19/2018	8:00	9:15	(b) (6)	61°F	Cloudy
1 Troudt	6/19/2018	8:00	9:15	(b) (6)	61°F	Cloudy
1 Troudt	6/19/2018	8:00	9:15	(b) (6)	61°F	Cloudy



owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (xii) of this section in all annual reports:

Maximum Wind Speed During Survey * (\$60.5420a(b)(7)(iv))	Monitoring Instrument Used * (\$60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (\$60.5420a(b)(7)(vi))	Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in §60.5397a(h) * (\$60.5420a(b)(7)(viii))
e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1
5 MPH	FLIR GF320	None	Other - Plug		1	
5 MPH	FLIR GF320	None	Valve Cap		2 Valve Cap	2
5 MPH	FLIR GF320	None	Valve		1 Valve	1
5 MPH	FLIR GF320	None	Valve Cap		1 Valve Cap	1
5 MPH	FLIR GF320	None	Other - Distance Piece		3 Other - Distance Piece	3
5 MPH	FLIR GF320	None	Flange		1 Flange	1
2 MPH	FLIR GF320	None	Flange		1	
2 MPH	FLIR GF320	None	Other - Sump Lid		1 Other - Sump Lid	1
2 MPH	FLIR GF320	None	Other - Plug		1	



Type of Difficult-to-Monitor Components Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair *	Number of Each Component Type Placed on Delay of Repair *
(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(ix))	(§60.5420a(b)(7)(xi))	(§60.5420a(b)(7)(xi))

e.g.: Valve

e.g.: 1

e.g.:Valve

e.g.: 1

e.g.: 11/10/16

e.g.: Valve

e.g.: 1

10/4/2017	
10/4/2017	Valve Cap 2
5/9/2018	Valve 1
12/7/2017	Valve Cap 1
3/20/2018	Other - Distance Piece 3
5/9/2018	Flange 1
6/25/2018	
	Other - Sump Lid 1
6/25/2018	



		OGI	Compressor Station Affected Facility Only	
Explanation for Delay of Repair * (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (\$60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (\$60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (\$60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (\$60.5420a(b)(7))
e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Unsafe to repair until next shutdown	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
Order Parts & Shutdown F	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		
	FLIR GF320	Trained Thermographer; completed 24-hour ITC Infrared The No		